

Suggested recordkeeping form for TBT applicators

APPLICATOR INFORMATION

Certified supervisor: _____

Applicator (if different): _____

Address: _____ Telephone: _____

APPLICATION INFORMATION

Application date: _____ Time of application: _____

Target pest(s): _____ Equipment used: _____

Vessel: _____

Identification number: _____ Owner: _____

Application site: _____

Geographic location: _____ City: _____ State: _____

Area treated (sq. ft.) or hull length and beam of vessel: _____

PAINT INFORMATION

Trade name: _____ Manufacturer: _____

EPA registration number: _____ Amount used: _____

DISPOSAL INFORMATION

Size and number of empty containers: _____

Description and location of container disposal: _____

_____ Date: _____

Amount & type of solvent/rinsate: _____

Description and location of solvent disposal: _____

_____ Date: _____

Amount of excess paint: _____

Description and location of excess paint disposal: _____

_____ Date: _____